

WEEKLY & MONTHLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

# Political Action Committee Campaign Finance Report SUMMARY FORM 1

**FILED**  
JUL 31 2012  
BOBBY M. JUNKINS  
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Political Committee (as appears on Statement of Organization)		Acronym for PAC	
ETOWAH COUNTY DEMOCRATIC WOMEN'S CLUB		ECDWC	
Address (as appears on Statement of Organization) <input type="checkbox"/> Check box if reporting new address			
300 Davis Place			
City	State	ZIP Code	Telephone Number
Gadsden	Al.	35904	256-543-1502

Type of Report (check one)

Monthly  Amended Monthly  
 Weekly  Amended Weekly

For Monthly Reports  
Month in which the report is filed. July

For Weekly Reports  
Date of Friday in the week in which the report is filed.

Total Number of Pages in Report 5

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 1,543.64
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a 0.00	
2b	Non-itemized cash contributions	2b 0.00	
2c	Non-itemized employee payroll contributions	2c 0.00	
2d	Total cash contributions (add lines 2a, 2b, and 2c)		2d 0.00
<b>In-Kind Contributions</b>			
3a	Itemized in-kind contributions (total from Form 3)	3a 0.00	
3b	Non-itemized in-kind contributions	3b 0.00	
3c	Total in-kind contributions (add lines 3a and 3b)	3c 0.00	
<b>Receipts from Other Sources</b>			
4a	Total itemized receipts from other sources (total from Form 4)	4a 600.00	
4b	Total non-itemized receipts from other sources	4b 0.00	
4c	Total receipts from other sources (total from Form 4)		4c 600.00
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a 0.00	
5b	Non-itemized expenditures	5b 0.00	
5c	Total expenditures (add lines 5a and 5b)		5c 0.00
6	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)		6 2,143.64

Sworn to and subscribed before me this 31st day of July of the year 2012. My commission expires the 1st day of June of the year 2015.

Debra L. Uleman  
Signature of Notary Public  
Debra L. Uleman  
Printed Name of Notary Public

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Betty Nunn  
Signature of Chairperson or Treasurer of Political Committee  
7-31-12  
Date

**FORM 2: Contributions received by political action committee**

NAME OF POLITICAL ACTION COMMITTEE: ECJWC



When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
<i>Ø</i>	<i>Ø</i>							<i>Ø</i>
<b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>								<i>Ø</i>

**FORM 3: In-Kind Contributions received by political action committee**  
 NAME OF POLITICAL ACTION COMMITTEE: ECO M/C



When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION	
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other					
<i>Ø</i>	<i>Ø</i>																<i>Ø</i>	
<b>TOTAL IN-KIND CONTRIBUTIONS THIS PAGE</b>															<i>Ø</i>			



# FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF POLITICAL ACTION COMMITTEE: ECBWC

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN GUARANTORS <small>(FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEERING LOAN)</small>	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
<i>Check #442 returned from</i>													
<i>Andy Gardner</i>	<i>Hokes Bluff, AL. 35903</i>			<i>X</i>								<i>July 9<sup>th</sup> 2012</i>	<i>600.00</i>
<b>TOTAL RECEIPTS THIS PAGE</b>												<i>600.00</i>	

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR POLITICAL ACTION COMMITTEE



**FORM 5: Expenditures by political action committee**

NAME OF POLITICAL ACTION COMMITTEE: ECDCWC

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)									OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation			
<i>Ø</i>	<i>Ø</i>												<i>Ø</i>
<b>TOTAL EXPENDITURES THIS PAGE</b>												<i>Ø</i>	